


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90049 046 \*\*\*\*50.00

<b>DOCUMENT # L04000079950</b>		
1. Entity Name <b>TRADITIONAL STUCCO, LLC</b>		

Principal Place of Business <b>222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401</b>
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2. Principal Place of Business <b>3720 S. Dixie Highway</b>	3. Mailing Address <b>3720 S. Dixie Highway</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

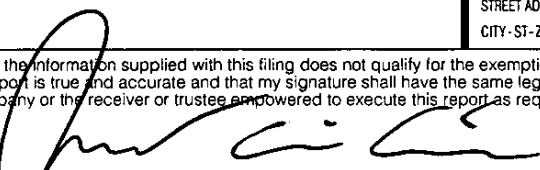
City & State <b>West Palm Beach, Fla</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33405</b>	Country <b>USA</b>
Zip <b>33405</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>KOEPEL, JOEL P 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>JOEL P. KOEPEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>56 Trump Plaza Office Center</b> <b>525 So. Flagler Drive, Suite 200</b> City <b>West Palm Beach</b> FL <b>33401</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>4/20/05</b>

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEPEL, JOEL P 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR David Gil Garcia 3720 S. Dixie Highway West Palm Beach, FL 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Francisco Gil Garcia 3720 S. Dixie Highway West Palm Beach, FL 33405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Denis A. Sahr 10676 Lake Hill Drive Clermont, Florida 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Reyes Ramirez 2411 34th Avenue, E Bradenton, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Eugene Rolling 10010 S.W. 13th Terrace Miami, Florida 33174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE <b>4/20/05</b> (561) 655-8962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #